

CONTACT: Kansas Office of the Secretary of State

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**INSTRUCTIONS**: All information must be completed or this document will not be accepted for filing. **Please read instructions before completing**.

| 1. Business entity ID number: This is not the Federal Employer ID Number (FEIN)                    |   |
|--|---|
| 2. Name of business entity: Name must match the name on record with the Secretary of State         |   |
| 3. Specify the filed document that needs to be corrected: Provide the type and date of that filing |   |
|  | Name of Document  |
|  | Date the Document was filed (month, day, year)  |
| 4. Specify the inaccuracy or defect in the document to be corrected:                               |   |
| 5. Attach the entire docum   | nent in its corrected form.   |
| 6. I declare under penalty that I have remitted the re-  | of perjury under the laws of the state of Kansas that the foregoing is true and correct and quired fee.   |
| Signature of authorized person   | Date (month, day, year)   |
| Name of signer (printed or type  | d)  |
| Instructions:  |   |
| Submit this form v corrected.  | with the entire corrected document and the filing fee appropriate to the document being   |
|  | DUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING JUDGER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION. |
| NOTICE: There is a \$25<br>All information must b  | service fee for all checks returned by your financial institution.<br>be completed or this document will not be accepted for filing.            |